

DECEDENT John C. Caranci	CERTIFICATION IN INSURANCE STATUS OF DECEASED ANNUITANT OR COMPENSATIONER FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM
DATE OF BIRTH 2/7/22	
CSF CSI 1 255 367	TO: OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

This certification is invalid if your records show a conversion after the date insurance coverage as an employee terminated.

A. CERTIFICATION REGARDING DECEASED ANNUITANT

NOTE TO EXAMINER: Certify a deceased compensationner as an insured annuitant if (a) annuity file shows he is otherwise eligible for insurance as a retired employee and (b) the amount of insurance is the same regardless of annuitant or compensationner status.

1. (a) TYPE OF RETIREMENT <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> NON-DISABILITY	1. (c) <input type="checkbox"/> The deceased was retired under the Civil Service Retirement System or system named in attached SF 49, and at time of death: <input checked="" type="checkbox"/> was insured for regular insurance only. <input type="checkbox"/> was insured for regular and optional insurance. <input type="checkbox"/> canceled optional insurance during retirement.
1. (b) DATE OF SEPARATION <input checked="" type="checkbox"/> 12/16/67 OR LATER <input type="checkbox"/> 9/23/59 TO 12/15/67 <input type="checkbox"/> BEFORE 9/23/59	1. (d) <input checked="" type="checkbox"/> The deceased's annual pay as shown on SF 56 is consistent with data on records available to the Commission. <input type="checkbox"/> The deceased's annual pay as indicated on SF 56 was not consistent with data on records available to the Commission. SF 56 has been amended to show correct rate as \$ _____. <input type="checkbox"/> If deceased attained age 65 prior to August 29, 1954, annual pay on August 29, 1954, was \$ _____.
2. <input type="checkbox"/> The deceased was not an insured annuitant at the time of his death (and insurance as a compensationner is not involved according to our records).	
<div style="display: flex; justify-content: space-between;"> <div> <p>DECEASED ANNUITANT</p> <p><input type="checkbox"/> His retirement was not based on at least 12 years creditable service or disability (separation on or after September 23, 1959).</p> <p><input type="checkbox"/> His retirement was not based on at least 15 years creditable service or disability (separation before September 23, 1959).</p> <p><input type="checkbox"/> His retirement was not on an immediate annuity.</p> <p><input type="checkbox"/> He waived insurance coverage as an employee.</p> <p><input type="checkbox"/> He was separated before the insurance law went into effect.</p> </div> <div> <p><input type="checkbox"/> He retired from employment excluded from insurance coverage.</p> <p><input type="checkbox"/> He converted his insurance after separation for retirement.</p> <p><input type="checkbox"/> Other (specify).</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p>DECEASED EMPLOYEE</p> <p><input type="checkbox"/> He died in service after filing for retirement.</p> <p><input type="checkbox"/> He died in service without filing for retirement.</p> <p><input type="checkbox"/> Other (specify).</p> </div> </div>	

B. CERTIFICATION REGARDING DECEASED COMPENSATIONER

1. <input type="checkbox"/> The deceased was receiving employees' compensation and held to be unable to return to duty. He was insured on that basis at the time of his death for: <input type="checkbox"/> Regular insurance only. <input type="checkbox"/> Regular and optional insurance. <input type="checkbox"/> Canceled optional insurance during retirement.	NOTE TO EXAMINER: Verify compensation status with BEC before completing this certification.
2. <input type="checkbox"/> The deceased was not an insured compensationner at the time of his death (explain under "D. Remarks").	

C. ATTACHMENTS

The following forms or documents are attached to this certification:	
DESIGNATION OF BENEFICIARY - SF 54: <input checked="" type="checkbox"/> Attached - Rec'd in CSC prior to death. <input type="checkbox"/> Attached - Rec'd in CSC after date of death from <input type="checkbox"/> Claimant <input type="checkbox"/> Agency. <input type="checkbox"/> No SF 54 on file in CSC.	<input checked="" type="checkbox"/> FE 6 - Claim for Death Benefits filed by: _____ <input type="checkbox"/> retired employee's Insurance Certificate. <input checked="" type="checkbox"/> SF 49 - Certification of Insured Employee's Retired Status. <input type="checkbox"/> Other (specify).
<input checked="" type="checkbox"/> SF 56 - Agency Certification of Insurance Status. <input checked="" type="checkbox"/> Death Certificate. <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not on file in CSC.	

D. REMARKS AND SIGNATURE

(Adjudicator will show any unusual annuity claim circumstances that may affect OFEGLI's payment and enter other pertinent remarks here. If additional space is needed, use reverse side of this form.)

Please expedite payment of this insurance as soon as possible.

December 23, 1970

CERTIFIED BY: EXAMINER: _____
U.S. Civil Service Commission

Date

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) Caranci John C.		2(a). DATE OF BIRTH (Month, Day, Year) Feb 7, 1922 ✓	2(b). SOCIAL SECURITY ACCOUNT NUMBER <div></div>
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify) <div></div> <div>NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.</div>			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY (a) <input checked="" type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) <div>NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.</div>			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) April 22, 1970	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. \$14,684 PER ANNUM	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T): <div></div>	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) <div></div>
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
Personal signature of authorized agency official <div></div> Typed name of authorized agency official <div></div> Title <div></div>		Name and address of agency, including zip code <div></div> Phone number, including area code <div></div> Date AUG 7 1970	

IMPORTANT INFORMATION FOR EMPLOYEE

NOTICE TO RETIRING EMPLOYEE

As a retired employee, your regular life insurance (not accidental death and dismemberment) will be continued without cost to you, provided:

- You do not convert to an individual policy of life insurance; and
- You retire with 12 or more years' creditable service of which at least 5 years are civilian service, or on account of disability; and
- You retire on an immediate annuity.

Your optional life insurance, if you have any (not accidental death and dismemberment), may also be continued, provided:

- You do not convert it; and
- You continue your regular insurance; and
- You have had optional insurance from the time it first became available to you; and
- Your monthly annuity is sufficient, after all other deductions, to pay the full cost; and
- You continue to pay the full cost until you reach age 65 (the cost will be deducted from your monthly annuity check).

Your life insurance as a retired employee will be reduced by 2% each month beginning at age 65 or at retirement, whichever is later. The maximum reduction is 75%.

You may, if you prefer, convert your insurance to an individual life insurance policy in an amount not to exceed your combined regular and optional insurance. Or you may continue your regular insurance free after retirement, if eligible as described above, and convert only your optional insurance. Your employing office will instruct you on the procedure to follow if you want to convert only your optional insurance.

If you are eligible to continue your life insurance as a retired employee, your employing agency has been instructed to attach the ORIGINAL of this form to your application for retirement unless you prefer to convert your regular insurance to an individual policy.

If you receive the ORIGINAL copy of this Certification after you file your application for retirement, and you do not want to convert your regular insurance to an individual policy, forward the ORIGINAL as soon as possible to the agency or office which administers your retirement system.

Keep the DUPLICATE copy for yourself. You will be notified by the Civil Service Commission of your insurance rights.

DEATH, WITHIN 31 DAYS

Under certain conditions, life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though the employee had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from the agency named in item 9 above.

NOTICE TO EMPLOYEE RECEIVING FEDERAL EMPLOYEES' COMPENSATION

While you are receiving monthly benefits under the Federal Employees' Compensation law and are held by the Department of Labor to be unable to return to duty, your life insurance (not accidental death and dismemberment) may be continued.

Instructions on how you may apply to continue your insurance coverage while receiving Federal employees' compensation are contained on the back of PART 1—the ORIGINAL copy of this Certification, which is to be sent to the U. S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D. C. 20415. Keep the DUPLICATE copy for yourself.